IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
AT CHARLESTON

THE CITY OF HUNTINGTON, : Civil Action

Plaintiff, : No. 3:17-cv-01362

V.

AMERISOURCEBERGEN DRUG CORPORATION, et al.,

Defendants. :

CABELL COUNTY COMMISSION, : Civil Action

Plaintiff, : No. 3:17-cv-01665

v. :

AMERISOURCEBERGEN DRUG
CORPORATION, et al., :

Defendants. :

BENCH TRIAL - VOLUME 5
BEFORE THE HONORABLE DAVID A. FABER, SENIOR STATUS JUDGE
UNITED STATES DISTRICT COURT
IN CHARLESTON, WEST VIRGINIA

MAY 7, 2021

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Court Reporter:
Court Reporter: Ayme Cochran, RMR, CRR

Lisa A. Cook, RPR-RMR-CRR-FCRR

Proceedings recorded by mechanical stenography; transcript produced by computer.

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PROCEEDINGS had before The Honorable David A. Faber,
Senior Status Judge, United States District Court, Southern
District of West Virginia, in Charleston, West Virginia, on
May 7, 2021, at 9:00 a.m., as follows:
          THE COURT: Is Ms. Priddy in the courtroom?
         MS. WU: Yes, Your Honor.
         THE COURT: Okay. You may resume the witness
stand, ma'am.
     Wait just a minute. Mr. Nicholas?
         MR. NICHOLAS: I'm sorry, Your Honor.
          THE COURT: That's okay.
         MR. NICHOLAS: Just quickly, we see that in the
courtroom today is Mayor Williams, among others.
perhaps another fact witness who is going to testify
factually later on in the trial. I know at least with Mayor
Williams, what he's going to be discussing very much
overlaps with what we're hearing from both Ms. Priddy,
actually, and Chief Rader, who is going to testify this
morning.
     So, my request, and I do recognize that Mayor Williams
is a representative for the City of Huntington, you know, so
I ask this gingerly, but I do ask that he be excused during
this testimony this morning.
          THE COURT: Mr. Farrell?
         MR. FARRELL: Thank you, Your Honor. So, Mayor
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Williams is the representative of the City of Huntington, duly elected. I also have the pleasure of introducing again Ms. Kelly Sobonya, who is a County Commissioner representing the County in these proceedings. We think it's proper for them to watch the actual trial of their case. THE COURT: I'm going to let them stay in the courtroom, Mr. Nicholas. MR. NICHOLAS: Thank you, Your Honor. THE COURT: I think they are appropriate representatives of the parties here. All right. Ms. Priddy, now you can come to the stand. And you're still under oath, of course. THE WITNESS: Yes, sir. THE COURT: All right. Ms. Wu. FURTHER CROSS EXAMINATION BY MS. WU: Good morning, Ms. Priddy. Thank you for coming back this morning. Α. Good morning. I promise to be brief. I wanted to start by circling back to some testimony you gave yesterday just as a point of clarification. Ms. Priddy, yesterday, you testified concerning a heartbreaking story about a car crash involving a mother and her three children; do you recall that?

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1
            Yes, uh-huh.
2
           A member of our team found a news article about that
 3
               The news article describes a March 3rd, 2017 crash
       on Interstate 64 in Milton. Is that the crash that you
 4
 5
       testified about yesterday?
 6
            I'm assuming it was, yes.
 7
           According to the news article, Ms. Priddy, blood work
 8
       process after the crash found alcohol and Benzodiazepines,
 9
       Xanax-type drugs in the driver's system, but no opioids. Is
10
       it possible that the driver in that event was not opioid
11
       impaired?
12
            It was certainly possible. I know that at the scene
13
       the mother was present and she had told the crews at the
14
       scene that she used opioids.
15
            But that may not have been what was shown in the
16
       toxicology report?
17
            Yes, if you're saying that.
18
                 THE COURT: Did they say she used opioids in
19
       proximity to the crash or just in general?
20
                 THE WITNESS: In general, I believe, and in
21
       proximity to the crash. That's why the mother followed her
22
       per our understanding.
23
                 COURT REPORTER: I'm sorry. That why the mother
24
25
                 THE WITNESS: Followed her. Or was very --
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- 1 arrived on the scene very soon after the crash happened.
- 2 Q. Thank you, Ms. Priddy. Now, I'd like to move on to
- 3 another subject.
- 4 **A.** Uh-huh.
- 5 Q. You were involved in creating something called the
- 6 Resiliency Plan, correct?
- 7 A. I was not directly involved in that, no. I was on a
- 8 committee, but I did not develop that.
- 9 Q. So, you participated in a committee that helped create
- 10 | the Resiliency Plan, correct?
- 11 A. I was -- yes. I was on a committee, even though I
- didn't actively participate in developing the plan.
- 13 Q. Okay, thank you. The Resiliency Plan purports to set
- 14 out a plan to respond to the opioid crisis in Cabell County,
- 15 correct?
- 16 A. Correct.
- 17 Q. And you attended meetings at the offices of Paul
- 18 | Farrell, Jr. in order to confer with others in the community
- 19 about the plan, correct?
- 20 A. Correct.
- 21 **Q.** The Resiliency was prepared in anticipation of this
- 22 litigation, the potential payout from this litigation,
- 23 correct?
- 24 A. My understanding, yes.
- 25 Q. Ms. Priddy, yesterday, you testified that heroin and

- 1 illicit Fentanyl are a problem in Cabell County, correct? 2 Α. Correct. 3 Drug trafficking organizations bring heroin and illicit 4 Fentanyl into the Cabell community, correct? 5 I'm assuming, yes. 6 The Peterson Drug Trafficking Organization, a 7 well-known organization from Detroit, had operated in the 8 Cabell area for years, correct? 9 I'm not aware of any particular name, no. 10 Ms. Priddy, when federal, state and local law 11 enforcement took down the Peterson Drug Trafficking 12 Organization from Detroit, you were quoted in the press as 13 crediting that takedown as one reason contributing to the
 - A. I don't recall that specific comment. Is that when they did a big drug raid? Then yes, and I -- I still don't know the particulars of that, but yes.

decrease in overdoses in early 2018; do you recall that?

- Q. When local law enforcement, along with federal and state partners, participates in a big drug break, it can have an impact on the overdose rates in the local community, correct?
- A. Correct.

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- MS. WU: Thank you, Ms. Priddy. No further questions.
- THE COURT: Any more cross examination of Ms.

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1
       Priddy?
2
                 SIMULTANEOUS SPEAKERS: No, Your Honor.
                 MS. QUEZON: Yes, Your Honor.
 3
 4
                 THE COURT: May she be excused? Oh, you have some
 5
       redirect?
 6
                 MS. QUEZON: Just a little it.
 7
                           REDIRECT EXAMINATION
 8
                 BY MS. QUEZON:
 9
            Good morning, Ms. Priddy.
10
           Good morning.
11
            Ms. Priddy, yesterday on cross examination, you were
12
       asked about data from the Cabell Health Department regarding
13
       moving from prescription opioids to illicit opioids. Do you
       recall being asked that?
14
15
       Α.
           I do.
16
            What is that data and what does it show?
17
            So, through the Harm Reduction Program at
18
       Cabell-Huntington Health Department, Dr. Kilkenny had taken
19
       it upon himself to actually interview individuals that were
20
       in the Harm Reduction Program and he regularly shares those
21
       statistics with some of us.
22
                 THE COURT: Just a minute.
23
                 MS. WU: Your Honor, I object. This is beyond the
24
       scope of cross.
25
                 MS. QUEZON: Your Honor, she was asked
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1
       specifically about this exact data. They asked her who did
2
       it. This was yesterday afternoon, Your Honor. They asked
 3
       her who did it. She said the Cabell Health Department.
 4
       They asked at least six questions about it without asking
 5
       her what is the data and I'm simply letting the Court know
 6
       what that data is that was referred to yesterday on cross
 7
       examination.
                 MS. WU: Your Honor, Ms. Priddy testified that she
 8
 9
       didn't have personal knowledge of the data or how it was
10
       collected during her testimony yesterday.
11
                 THE COURT: Yes. It's hearsay, isn't it?
12
                 MS. QUEZON: Judge, this was done by the Cabell
13
       Health Department, so under 8038, it would come in as an
14
       exception.
15
                 MS. WU: Your Honor, the witness testified
16
       yesterday that she didn't have personal knowledge of the
17
       data, only its existence, and for that reason --
18
                 THE COURT: Ms. Hardin?
19
                 MS. WU: -- she can't lay the foundation.
20
                 MS. HARDIN: I also think she just testified --
21
                 THE COURT: You need to --
22
                 MS. HARDIN: I'm sorry. I think she also just
23
       testified to just what Dr. Kilkenny is saying, so she's just
24
       repeating out-of-court statements.
25
                 THE COURT: I'll sustain the objection.
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1 BY MS. QUEZON: 2 All right. Ms. Priddy, additionally on cross 3 examination yesterday, you were asked regarding the 4 percentage of overdose runs, EMS overdose runs, that were opioid-related. Do you recall being asked those questions? 5 6 Yes, ma'am. 7 And based upon your personal calculations, what percentage of the overall EMS overdose runs are 8 9 opioid-related? 10 That would be 90 to 95 percent of those. 11 Now, additionally, you were asked some questions about 12 the availability of treatment beds and even your deposition 13 testimony was put on the screen and I believe both yesterday 14 and in your deposition you had said that things were better 15 than they were in 2017. Do you remember that line of 16 questioning? 17 MS. WU: Your Honor, objection, leading. 18 MS. QUEZON: I'm just trying to get her back to 19 the point, Your Honor. 20 THE COURT: Well, I think that's an introductory 21 question taking her to an area of inquiry. Overruled. 22 BY MS. QUEZON: 23 So, in that area, can you please explain to the judge 24 how it's better than it was in 2017? We'll start there. 25 So, there's several more treatment facilities available Α.

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within our community. At least initially, we were taking almost everyone out of our community to get help. So, there's two or three more facilities there. There's some other services.

And it aided in the Quick Response Team being able to get people into treatment. So, in no way, shape or form do I feel like that it solved the problem. It's just helping. We'll take any help we can get.

Q. And what is still needed?

- A. Resources. We need -- like I had -- I think I alluded to yesterday, it would be very nice to have a follow-up team. It would be nice to have in the community health and wellness events where we could actually reach out to individuals that maybe couldn't make it to, you know, one of the healthcare facilities there in town. A follow-up team. You know, there's just lots of things. Transportation.
- Q. And let's talk about -- let's talk about the treatment beds themselves. So, can you tell the Court out of the -- out of the knocks on the door that QRT Team does, out of the hundred percent of suspected overdose patients, how many does QRT actually reach and find?
- A. So, Your Honor, that would be between 50 and 60 percent of the individuals that we actually find. So, it would be wonderful to have a way, a mechanism, to get more information about the individual, whether it be a current

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       phone number. We've really instructed our EMS personnel to
2
       try and get more information so we can find them but, you
 3
       know, just finding the individual sometimes is very
       difficult. So --
 4
 5
           And then, of that 50 to 60 percent that QRT actually
 6
       can find, what percentage of that go into treatment and are
 7
       filling those beds that we talked about yesterday?
 8
            That would be 30 percent.
 9
            Now, Ms. Priddy, do you still have Defense Exhibit -- I
10
       quess it's McKesson WV-02098?
11
            I don't. I didn't bring anything. I apologize.
12
                 MS. QUEZON: Your Honor, may I approach the
13
       witness?
14
                 THE COURT: Yes.
15
                 MS. QUEZON: I don't have extra copies. This is
16
       just my copy, but this is the exhibit.
17
                 THE WITNESS: Thank you, ma'am.
18
                 BY MS. QUEZON:
19
            Now, Ms. Priddy, previously, we had entered an exhibit
20
       that talked about the overdose runs and Narcan use from 2015
21
       through 2018. Can you tell the Court how this document is
22
       different?
23
            So, this document contains much more substantial data
24
       for a longer period of time. That's the first thing I see.
25
           And what years?
       Q.
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- 1 Okay, '14 through '21, the first quarter. 2 And are these your numbers? 3 Yes, ma'am, these are my numbers. 4 And did you calculate these numbers the same way you 5 did for the 2015, 2016, 2017 and 2018? Yes, I did. 6 Α. 7 So, all we're doing is adding those first three -- or 8 the last three months of 2014? 9 Yes. Yes. That's when the system went into place, 10 yes, ma'am. 11 And then, what are we adding on the tail-end? 12 A. I think we added 2020 and the first quarter of 2021. 13 And, again, you calculated these the same way you 14 calculated the other ones that we've already entered into 15 evidence? 16 A. Yes, exactly the same. 17 MS. QUEZON: Your Honor, we would seek to enter 18 this into evidence. 19 THE COURT: Do you have any objection to this? 20 MS. WU: No objection.
- 21 THE COURT: Hearing no other objections, it's

22 admitted.

23

25

MCKESSON DEFENSE EXHIBIT WV-02098 ADMITTED

BY MS. QUEZON:

Q. Now, you were shown a demonstrative of -- it was like a

- 1 -- it looks like this.
- 2 A. Yes. I remember that.
- 3 Q. It's easier just to hold it up.
- 4 A. Easier.
- 5 MS. QUEZON: Okay. Can we -- can we pull up the
- 6 | -- no, no, the our demonstrative of the entire time frame,
- 7 please?
- 8 BY MS. QUEZON:
- 9 Q. All right. Ms. Priddy, obviously, this is a
- demonstrative of the information that you have in front of
- 11 you. Does that appear to be accurate?
- 12 A. That's a graph form of what is right in front of me,
- 13 yes, ma'am.
- 14 Q. And let's look, if we can. There was some talk
- 15 yesterday about -- and it's on your screen if you need it.
- 16 **A.** Oh, it's not.
- 17 **Q.** Oh, it's not?
- 18 **A.** No, ma'am.
- 19 Q. Oh, I'm sorry. It's supposed to be. There was some
- 20 talk yesterday about the spike that happened after COVID,
- 21 the COVID shutdown.
- 22 **A.** Yes.
- 23 Q. Do you recall that?
- 24 A. Yes, ma'am. Uh-huh.
- 25 Q. All right. Let's look at that, if we can. Now, first,

- 1 let's get some reference. Is this when the QRT Team,
- 2 December 17th, is that when the QRT Team first started
- 3 knocking on doors?
- 4 A. 17, yes, ma'am.
- 5 Q. Okay. And we see at least some decrease. We've got a
- 6 | few spikes here continuing to kind of go in the right
- 7 trajectory. And then what happens in -- I'm missing it.
- 8 There we go -- in May of 2020?
- 9 A. May, yes, ma'am. Yes.
- 10 Q. And is this when the QRT Team had to stop working?
- 11 A. Yes. Through April and into the first part of May is
- when we stopped making those personal visits.
- 13 Q. When -- in realtime, were you aware of this spike in
- 14 overdoses?
- 15 A. So, in realtime, yes, we could absolutely see that.
- 16 Q. And what did the QRT Team decide to do when you saw
- what was happening in the community?
- 18 A. They decided to put PPE on, social distance, and go
- 19 back out.
- 20 Q. And based upon your review of the Cabell County EMS
- 21 overdose runs, did that -- did the numbers start to come
- down again?
- 23 **A.** Yes, ma'am.
- 24 **Q.** And what happens in July?
- 25 **A.** In --

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1
            Of this year?
       Q.
2
            Of this year? Okay. I'm blank. I'm sorry.
 3
            When does the grant end?
       Q.
 4
            Oh, this year? I thought you meant 2020.
 5
       Ο.
            No.
 6
            I'm so sorry. I was thinking -- June 30th of 2021, all
7
       of our grant funding from the two grants that we're working
 8
       off of ends.
 9
                 MS. QUEZON: I have no further questions, Your
10
       Honor.
11
                 THE COURT: Any recross, Ms. Wu?
12
                 MS. WU: Very briefly, Your Honor.
13
                 THE COURT: May Ms. Priddy be excused?
14
                 MS. QUEZON: I think she said briefly, Your Honor.
15
                 THE COURT: Oh, I'm sorry. I thought you said no.
16
                 THE WITNESS: You were trying to work with me
17
       there, weren't you?
18
                            RECROSS EXAMINATION
19
                 BY MS. WU:
20
            Ms. Priddy, I'll be very brief. Thank you for your
21
       patience. Counsel just asked you about your personal review
22
       of the number of opioid-related EMS runs; do you recall
23
       that?
24
       Α.
            I do.
25
            Do you know how many suspected overdose runs involve
       Q.
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1
      polysubstance abuse, an event where more than one drug is
2
      involved?
 3
      Α.
           I do not.
 4
      Q. And the actual EMS overrun data does include the drug
 5
       or drugs involved in any suspected EMS -- suspected overdose
 6
      event, correct?
 7
      Α.
           It does not.
 8
      Q. And EMS does not receive the toxicology results that
 9
      may come after any suspected overdose event, correct?
10
      Α.
           No.
11
                 MS. WU: And then, Your Honor, I have one
12
      housekeeping matter. Plaintiffs' counsel just moved in
13
      McKesson WV-02098 and, for completeness, we would move in
      2099, 2100, 2101. Those were the compilation of the
14
15
      overdose runs.
16
                 MS. QUEZON: I'm so sorry. I misunderstood. You
17
       just want the entire packet it? That's what I meant to do,
18
      so no objection at all.
19
                 MS. WU: Certainly.
20
                 THE COURT: All right. They're -- is there one
21
      exhibit or several exhibits?
22
                 MS. WU: They're separate exhibits, Your Honor,
23
      but we used them as a compilation.
24
                 THE COURT: And you identified all of them?
25
                 MS. WU: Yes, Your Honor.
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1	THE COURT: They're all admitted.
2	MCKESSON DEFENSE EXHIBITS WV-2099, WV-2100, WV-2101 ADMITTED
3	MS. WU: Thank you.
4	Thank you, Ms. Priddy.
5	MS. QUEZON: Nothing further, Your Honor.
6	THE COURT: Now may Ms. Priddy be excused?
7	MS. QUEZON: Yes, Your Honor.
8	THE COURT: Thank you very much for being here.
9	Thanks for coming back today. We appreciate your help and
10	you're excused.
11	THE WITNESS: I appreciate it very much. I hope
12	you like my outfit. I had to dig it out of my dirty clothes
13	drawer. Thank you, sir.
14	(Laughter)
15	THE COURT: Okay, Mr. Farrell.
16	MR. FARRELL: I have two very brief administrative
17	matters. We have our next witnesses ready and it will be
18	our last live witness of the day. Afterwards, we intend to
19	present and proffer for the record the video deposition
20	testimony of Nate Hartle and Thomas Prevosnik. I believe
21	counsel has been conferring back and forth to do it the
22	proper way.
23	The second item is, is that yesterday, I had asked to
24	be entered in the record P-9999, which was the consent order
25	for Deleno Webb, and I would ask for a substitution of

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1
       exhibits. We have it on our Exhibit List as P-42370 and
2
       what my intention is, is to circulate a copy to counsel, let
 3
       them compare the two, and then, before we adjourn today, to
 4
       address it.
 5
                 THE COURT: You're going to substitute the new
 6
       exhibit for an old one that was admitted previously?
 7
                 MR. FARRELL: The exhibit that I admitted
       yesterday, I didn't have an exhibit number on it and so I
 8
 9
       made one up of P-9999. We have the exact document on our
10
       Exhibit List with a P number. So, for consistency numbers,
       I will have them review it to look at it and then, ask
11
12
       after, before we adjourn, to substitute the documents.
13
                 MR. MAHADY: Your Honor, very briefly.
14
                 COURT REPORTER: I'm sorry, sir. What's your
15
       name?
16
                 MR. MAHADY: Joe Mahady for AmerisourceBergen.
17
            On Mr. Farrell's first housekeeping item, the Thomas
18
       Prevoznik designations, we will wait until he raises that.
19
       There is some back-and-forth between the parties that are
20
       handling this issue and we'll address it at that time, but
21
       we may have to have some discussion.
22
                 THE COURT: Okay. So, you're asking me not to
23
       admit the substitute exhibit he just offered?
24
                 MR. MAHADY: I'm not concerned about the
25
       substitute exhibit. I have no objection to that.
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1 THE COURT: All right. Then the substitution is 2 permitted and the new exhibit is admitted and the old one is 3 withdrawn. PLAINTIFF EXHIBIT P-42370 ADMITTED 4 5 PLAINTIFF EXHIBIT P-9999 WITHDRAWN 6 MR. FARRELL: Judge, may I approach the bench? 7 THE COURT: Yes, please. THE COURT: Okay. I'm sorry, Ms. Hardin. 8 9 MS. HARDIN: Your Honor, the defendants would like 10 to be heard on an issue before Chief Rader is called to the 11 stand. 12 THE COURT: All right. You may proceed. 13 MS. HARDIN: Thank you, Your Honor. Ashley Hardin 14 for Cardinal Health. 15 Your Honor, we're concerned that Chief Rader is going 16 to get into some issues on which we filed a motion in 17 It was our motion in limine number 1 about personal 18 stories of opioid addiction and Your Honor deferred ruling 19 on that motion until you could hear the testimony, but we'd 20 like to remind the Court and the plaintiffs of the ruling, 21 which is that none of that evidence should come in unless 22 there is a -- a link in a meaningful way between the 23 evidence. That's Your Honor's words in Docket 1297. 24 Plaintiffs must be able to link the evidence to the 25 defendants in a meaningful way.

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1 And we don't want to interrupt the witnesses as they're 2 testifying about -- about these issues, but we want to -- we 3 want to raise this with the Court now. 4 I think that the testimony from Ms. Priddy about the 5 crash on I-64 illustrates the problem. I mean, this 6 morning, she started talking about what the mother at the 7 scene told someone that told someone that she heard later. 8 So, it's not only a lack of nexus to the defendants, but 9 it's hearsay in many respects and, so far as we can tell, 10 many of these stories may not, in fact, even have anything 11 to do with opioids. That's what we think is the case with 12 that crash on I-64. So, no link could possibly be provided. 13 So, we will object as the testimony comes in. I think 14 that's what Your Honor would like us to do, but we're just 15 raising this issue now just out of respect to the witness 16 and to the Court. 17 THE COURT: Thank you for giving me a heads up on 18 that, Ms. Hardin, and --19 MS. KEARSE: Your Honor, may I just approach 20 for -- - I can --21 THE COURT: Yes, ma'am. 22 MS. KEARSE: Good morning, Your Honor. 23 briefly, and I know we'll go through this when the witness 24 comes in here, but we expect Jan, Chief Jan Rader, to 25 actually testify in regard to her personal knowledge, her

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```
1
       personal observations in the normal course of her duties as
2
       she's worked throughout the City of Huntington for the past
 3
       30 or so years with that, as well.
 4
            And also, under Fourth Circuit law of lay witness
 5
       opinion testimony, to the extent it's by the knowledge that
 6
       she has and the virtue of her position, also with the
 7
       Mayor's Office of Drug Control Policy. So, everything will
 8
       be stemming from her specific work within the City and
 9
       County and don't expect to get into a lot of --
10
                 THE COURT: Well, I'll deal with the specifics as
11
       they come up, Ms. Kearse.
12
                 MS. KEARSE: Thank you, Your Honor.
13
                 THE COURT: All right. You may call the witness.
14
                 MS. KEARSE: Your Honor, plaintiffs call Chief Jan
15
       Rader.
16
                 THE COURT: Okay.
17
                 COURTROOM DEPUTY CLERK: Would you please state
18
       your name?
19
                 THE WITNESS: Jan Kathleen Rader.
20
                 COURTROOM DEPUTY CLERK: Did you say Kathleen?
21
                 THE WITNESS: Kathleen with a K.
22
                 COURTROOM DEPUTY CLERK: Thank you.
23
            Please raise your right hand.
24
               CHIEF JAN K. RADER, PLAINTIFF WITNESS, SWORN
25
                 COURTROOM DEPUTY CLERK: Thank you. Please take a
```

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```
1
       seat.
 2
                 MS. KEARSE: Your Honor, may I approach just so
 3
       the witness has water?
 4
                 THE COURT: Yes, please.
 5
                 THE COURT: Chief Rader, it will help me if you
 6
       don't remind removing your mask while you're testifying.
 7
                 THE WITNESS: Thank you very much, sir. I was
 8
       hoping maybe you would say that.
 9
                 THE COURT: I'm setting a bad example for
10
       everybody for not wearing one myself.
11
                 THE WITNESS: That's okay. I'm sure you're
12
       vaccinated, right?
13
                 THE COURT: Yes.
14
                            DIRECT EXAMINATION
15
                 BY MS. KEARSE:
16
          Good morning, Chief Rader. Can you introduce yourself
17
       to the Court?
18
            Yes. I'm Jan Rader. I work for the City of
19
       Huntington. My current position is Fire Chief.
20
           Chief Rader, I will ask you to put the microphone just
21
       a little closer to you.
22
            Okay. So, you're calling me short? Okay.
23
            I would not do that to you, Chief Rader.
24
            Chief Rader, how long have you been with the Huntington
25
       Fire Department?
```

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- A. August 1st of this year will be 27 years.
- 2 Q. Can you just go briefly through your -- how you came to
- 3 | where you are today as Chief of the Fire Department for City
- 4 Of Huntington?

- 5 A. Well, I came -- I came up through the ranks and I am
- 6 also an old medic. I went to nursing school at 40 while
- 7 | working for the Fire Department, so I used to work on my
- 8 days off from the Fire Department at Cabell Huntington
- 9 Hospital in the emergency room.
- 10 Mayor Williams had seen me in the emergency room taking
- care of his parents and, when he decided to start an Office
- of Drug Control Policy here locally, he asked me to serve
- and I jumped at the chance because I think it's just so
- 14 | important. And he actually even appointed me to the chief's
- position in March of 2017.
- 16 Q. Chief Rader, how long have you been a member or a part
- of the community of the City of Huntington?
- 18 A. For almost 27 years, but I grew up right across the
- 19 | river in Ironton, Ohio. I attended Marshall University.
- 20 So, it's been a big part of my life.
- 21 Q. And what made you decide to be a firefighter?
- 22 A. Weird story. I was managing a jewelry store in the DC
- area, Tyson Corner Center, to be exact, and a woman
- 24 | collapsed in the doorway in cardiac arrest and I felt
- absolutely helpless and I called 911 and watched and a

couple women stopped and did CPR on her until the Fire
Department showed up.

And there was a woman with the Fire Department and I just didn't realize that that was an option for women. And so, I started looking into it and I took the test over there. And my brother was a minister in Huntington at the time and he said come back home. We want you to come back home. So, I did.

- Q. And what year was that?
- **A.** That was in 2 -- or '94. 1994.
- 11 Q. So, you've been a firefighter since 1994?
- **A.** Yes, ma'am.

- Q. And, Chief Rader, you mentioned you are a nurse. Were you an emergency room nurse?
- **A.** Yes, ma'am.
- Q. And can you tell the Court when and where were you an emergency room nurse?
 - A. I started working at Cabell Huntington Hospital in June of 2008 as a part-time employee on my days off from the Fire Department and I continued to work there through March of 2016 because I was working so diligently on the opioid epidemic for the City of Huntington.
 - Q. And, Chief Rader, you mentioned briefly how you got to be within the department. Can you tell the Court how you went in the ranks to obviously be the Chief of the Fire

- 1 Department?
- 2 A. Well, kind of goes, you know, Private to Lieutenant,
- 3 then Captain, Deputy Chief. I was promoted to this position
- 4 by Mayor Williams from the rank of Deputy Chief.
- 5 Q. And for some people who aren't from Huntington, just
- from your living there since -- for 27 years, how would you
- 7 describe the community in general?
- 8 A. I love Huntington. I love the close-knit way that we
- 9 take care of each other. You know, I was raised that you
- 10 take care of those who can't take care of themselves and
- 11 | that's what we do in Huntington.
- 12 Q. Chief Rader, as the Chief of the Fire Department, can
- you tell the Court, what are your responsibilities?
- 14 A. Well, I'm responsible for a department that's budgeted
- for 95 individuals, 95 firefighters. We currently have, I
- 16 | think, 88, and I'm responsible for watching the budget,
- 17 making sure the firefighters have what they need. I go on
- 18 | significant runs to assist them, if need be.
- 19 Q. Does the Huntington Fire Department have a mission?
- 20 A. We do. It's a very long mission statement, but we're
- 21 there basically to protect and save lives and property.
- That's how you boil it down. So, that's what we do. We
- 23 took an oath to save lives and to protect property.
- 24 | Q. And would you consider yourself and your department
- 25 first responders?

A. Yes.

- Q. And can you tell the Court what's involved as a first responder for the City of Huntington Fire Department?
- A. Yes. You know, a lot of times, if people don't know
- 5 | who to call, it's something unusual, they call the Fire
- 6 Department because we have a very unique tool set. It is
- 7 also state law here in West Virginia that all firefighters
- 8 are trained to the basic level of CPR and first aid and, as
- 9 long as I've been on the job, we first respond for Cabell
- County EMS on all life threatening medical emergencies
- 11 within the city limits.
- So, we don't do transport, but we're there to assist
- them. We have six stations and a lot of times, they're busy
- 14 and we can get there first and start what we call basic life
- 15 | support. And that's through CPR, rescue breathing and,
- 16 | lately, for several years, it's been administering naloxone,
- which is an opioid reversal drug.
- 18 Q. Chief Rader, throughout the years that you've been
- 19 involved as a first responder in your career, have you seen
- a change throughout the time that you've been serving the
- 21 | City of Huntington?
- 22 A. Yes, ma'am, I have. You know, when I started my career
- 23 in August of '94, I didn't see a lot of death. I didn't see
- 24 overdoses. Occasionally, you might see one. It typically
- 25 would pertain to alcoholism, things like that, the local

```
1
       alcoholics that people knew on a first-name basis.
 2
            And mid-2000s, that started changing and I was also
 3
       seeing it working in the emergency room, but we started
 4
       seeing overdoses and, at these scenes, we would see pill
 5
       bottles, oxycodone, hydrocodone, typically. And then, about
 6
       -- it just kind of started escalating. And then about I'm
 7
       going to say around 2012-ish, it really just skyrocketed and
 8
       we were on opioid overdoses constantly and it just continued
 9
       to rise.
10
            Nobody is immune from it. You know, I've seen -- I've
11
       been on overdoses as long -- as young as 12 and as old as 78
12
       and it's heartbreaking. There's no boundaries here.
13
            And we'll go into a little bit more of that. So, chief
14
       Rader, you mentioned that the number of calls rose.
15
                 MS. KEARSE: And I'd like to approach and present
16
       Exhibit 41398 to Ms. Rader. Your Honor, may I approach?
17
                 THE COURT: Yes.
18
                 THE WITNESS: Thank you.
19
                 BY MS. KEARSE:
20
           Chief Rader, can you identify this document for the
21
       Court?
22
            Yes. Yes, ma'am, I can. I felt -- I do this on a
23
       regular basis. I prepared this document for not only Mayor
       Williams, but City Council, so that they can see what we are
24
25
       experiencing as first responders in the City of Huntington.
```

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This is a summary broken down by type of calls that we've responded to. Every call that we go on, we have to write a report and it's uploaded to the national -- it's NFIRS, National Fire Incident Reporting System.

And so the first column, of course, is the year. The total is how many calls that the Huntington Fire Department responded on for that year. The next column is rescues and that includes our medical assist for Cabell County EMS and NFIRS has a code that groups everything that would include an overdose, but we found a way.

We use a software called Firehouse and we were able to create a method of separating our overdoses from our regular rescue calls in 2017. So, in 2017, if you look at the second column under Rescue, the number in parentheses is the number of overdoses that the Huntington Fire Department went on in 2017. So, that was 1,241.

- Q. So, let's highlight between 2010 and 2017. We can walk through that. What does it show in 2010?
- A. 2010, it showed that we went on 1,238 total rescue calls that would included overdoses, but I -- the only way I can break that out is if I read every report.
- Q. And then, we went over 2017, Chief Rader, and this is an official document from the Office of the Fire Chief, as it's designated in the top right of that document?
- A. Yes, it is. It is.

```
1
                 MS. KEARSE: Your Honor, I would like to admit
 2
       41398 for the record.
 3
                 THE COURT: Is there any objection?
 4
                 MR. NICHOLAS: No objection.
 5
                 THE COURT: It's admitted.
                     PLAINTIFF EXHIBIT 41398 ADMITTED
 6
                 BY MS. KEARSE:
 7
 8
            And do these calls also include responses by your first
 9
       responders in regards to opioid overdoses?
10
       Α.
            Yes, they do.
11
            Does your department also respond to other types of
12
       calls?
13
            We do. We respond to car wrecks, structure fires,
14
       which are in a separate column here, alarms, all kinds of
15
       things. Now, I did state that we first respond for Cabell
16
       County EMS on life threatening medical emergencies. An
17
       opioid overdose is a life threatening medical emergency;
18
       whereas, other overdoses typically are not a life
19
       threatening medical emergency.
20
            And how do you distinguish the two?
21
            Well, if you're not breathing, you know, you -- you've
22
       got a five-minute window to get them breathing or they're
23
       going to go into cardiac arrest and have irreversible brain
24
       damage. So, opioids attack part of the brain that shuts
25
       down their respirations.
```

5

1 And so when we get there, we can use a bag valve mask 2 to breathe for them. We can administer naloxone to reverse 3 that to prevent them from dying. Chief Rader, do you have a policy that you follow in regards to naloxone? 6 Yes. I wrote a policy for the City. It became evident 7 that we -- all first responders needed to carry naloxone 8 because the overdoses were so great and I wrote a city 9 policy and then the Police Department put their own spin on 10 theirs, but the Police Department was given naloxone to 11 carry. We were given naloxone to carry. And laws were 12 changed that a lay person can be trained and give naloxone 13 at any time. 14 MS. KEARSE: Your Honor, may I approach the 15 witness with the policy? 16 THE COURT: Yes. 17 BY MS. KEARSE: 18 Chief Rader, I'm showing you what's been marked as 19 P-4113 (sic). Chief Rader, can you identify for the Court 20 Exhibit 41113? 21 Yes. This is an e-mail that Dr. Michael Kilkenny sent 22 to the Fire Department in Dunbar, West Virginia and he had 23 asked my permission if he could share the policy that we 24 wrote for naloxone and I said, please do. Please share it 25 with whoever has a need for it.

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```
1
            Okay. And we'll go to the second page, which is
2
       actually the policy, so we can focus on that. And you wrote
 3
       this policy?
 4
            I did.
 5
            Okay. And if you can just briefly explain, to the
 6
       extent you haven't already, just how this policy is utilized
 7
       within the city and county of Huntington and Cabell County?
 8
            So, basically, our legislators took action so that we
 9
       could provide a lifesaving opioid reversal drug to all first
10
       responders. And that is West Virginia Code 16-46-2. And
11
       there is a standing order prescription from Dr. Kilkenny so
12
       that we can provide naloxone to all our first responders.
13
            At this time, we had a grant through the Health
14
       Department for a Kaleo EVZIO auto injector, which made it
15
       easier for us because, when you respond to an overdose, you
16
       don't know what the -- it's going to be like. You know, you
17
       might be dealing with somebody in a very dark area.
18
       might not be the cleanest of areas. So, it's very easy to
19
       use the auto injector. So, that was -- we were very
20
       grateful that we had that to use. So, this also outlines
21
       how you administer it.
22
                 MS. KEARSE: Your Honor, I would like to move into
23
       evidence plaintiffs' 41113.
24
                 THE COURT: Any objection?
25
                 MR. NICHOLAS: No objection.
```

1 THE COURT: It's admitted. 2 PLAINTIFF EXHIBIT 41113 ADMITTED 3 BY MS. KEARSE: 4 Chief Rader, did I ask you to bring today with you what 5 you would bring on an overdose in regards to the naloxone? 6 Yes, ma'am, you did. 7 And can you briefly tell the Court, what is naloxone? 8 Naloxone is a drug that actually reverses or knocks the 9 receptors of the opioid that are -- that's on -- in the 10 brain that tells you not to breathe or stops you from 11 breathing or suppresses your respirations. So, naloxone 12 knocks that drug off that receptor so people start breathing 13 again. 14 So, before we had naloxone --15 MS. KEARSE: Your Honor, may I have the witness 16 present to you her demonstrative, what she brings on --17 THE COURT: Yes. 18 THE WITNESS: So, we have a medical bag, first out 19 bag, on every fire truck and in our staff vehicles and, 20 right, now we're using nasal naloxone. 21 And when you say nasal, is that administered, 22 obviously, through the nasal --23 It's a mist that you put up the nose. So you don't have needles to contend with and it's very easy to use. And 24 25 we actually -- this is given out by the Health Department to

```
1
       lay people, as well, and they're taught what to look for for
2
       a suspected overdose.
 3
                 THE COURT: Is it in liquid form or --
                 THE WITNESS: It is. I'll show it to you, sir.
 4
 5
       It comes with a little -- it has a -- sorry. I don't want
 6
       to get too far from the mic.
 7
            It's just simple to put together, okay? We pop the
       caps like they did on Johnny and Roy. Remember Emergency
 8
9
       back in the day? I loved that show.
10
                 THE COURT: I don't remember that.
11
                 THE WITNESS: Oh, you don't?
12
            And then, this is a nasal. It's liquid in here. And,
13
       so we have a nasal aerator that turns it into a mist.
14
                 THE COURT: Okay.
15
                 THE WITNESS: That little booger costs about
       $7.00.
16
17
            So, we put this on the top like that. And so, you put
18
       it up one nostril and squirt in one milliliter of fluid.
19
       And then, you put it up the other nostril and you shoot up
20
       the other milliliter. And this works very quickly.
21
       Usually, within three minutes, they are breathing more on
22
       their own and that's -- that's what we want.
23
            They might not fully wake up for five minutes, but if
       they're breathing on their own versus us assisting them with
24
25
       a bag valve mask, which we always carry, as well, they're
```

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```
1
       better off because we might be excited and push too much air
2
       into their lungs to cause them to vomit or anything like
 3
       that.
 4
            But this is something simple. You've got less than a
 5
       hundred bucks to save a life. I mean, that's -- I'd do it
 6
       over and over again.
 7
            And is the naloxone, is that specific to an opioid
 8
       overdose?
 9
            It is specific to an opioid. This would not work if
       somebody was high on something else. In fact, there were
10
11
       many times in the emergency room as a nurse, if somebody was
12
       unresponsive, we would go ahead and give them naloxone and,
13
       if they didn't respond, we ruled out an opioid overdose.
14
                 THE COURT: So, there's no bad effect of giving it
15
       to somebody who doesn't need it; is that right?
16
                 THE WITNESS: Might just have a runny nose.
17
       think we can deal with that.
18
                 BY MS. KEARSE:
19
       Q.
            IS naloxone stocked on your fire trucks?
20
            Yes, ma'am, it is.
21
            And has that always been the case?
22
       Α.
            No.
23
            When did the Department start carrying naloxone?
       Q.
24
            In 2016, May of 2016, I think it was, that we started
25
       carrying naloxone on all fire trucks, in all police
```

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- cruisers. We were putting it in schools so the nurses would have it, school nurses, and things like that.
- Q. Chief Rader, I would like to go into a little bit more
- 4 detail about your overdose runs and you gave the numbers
- 5 there, as well. How many people, fellow officers, actually
- 6 participate in overdose runs?
- 7 A. All of them.
- 8 Q. And how many is that today?
- 9 **A.** How many firefighters?
- 10 **Q.** Yes.
- 11 A. We -- right now, I think we have 88 firefighters and
- we've had a couple of retirements here lately.
- 13 Q. And you mentioned when you put the naloxone in the
- 14 | nostrils, if you can describe to the Court just to the
- extent there's a typical overdose call, but in the day in
- 16 | the life of a firefighter with the City of Huntington, can
- 17 you explain to the Court about these overdose runs and how
- 18 | it operates within the Department?
- 19 A. Well, anytime -- Your Honor, anytime somebody's life is
- 20 on the line, you know, it kind of gets your adrenaline
- 21 running and we don't know exactly what we're going to find
- 22 when we get there. We only rely on the information that's
- given to the 911 dispatcher that passes that information on
- 24 | to us.
- So, when we get there, we're looking for scene safety

to make sure that we're protected. A lot of times, the senior officer will kind of stay back and watch the scene to make sure everybody is safe. Typically, there could be needles or drug paraphernalia laying around. There could be pill bottles laying around. We check -- we always wear protective gloves and I have purchased needle resistant gloves for the firefighters.

We check them, you know, shake and shout is what we call it from the American Heart Association. We check to see if they have a pulse and are breathing. We can start giving them rescue breaths with a bag valve mask. We always check their pupils because if somebody has overdosed on an opioid, they almost always have pinpoint pupils. It's a tell-tale sign.

And we ask any bystanders around what happened. When a life is on the line, I find that they become very honest. They'll tell you exactly what they took. They'll tell you they've had a problem. This isn't the first time.

And then, we administer naloxone and hopefully get them back with us and hopefully, by that time, Cabell County EMS is there, or they're with us helping us do this. You know, once they arrive on scene, they're in charge medically and we assist them in any way we can.

So, it's -- sometimes, it's a very chaotic scene.

Sometimes, you look over and there's a 4- or 5-year-old

watching you revive their parent. So, it's a very stressful situation.

My firefighters suffer a lot from compassion fatigue,
PTSD. They're not just going on overdoses. They're going
on overdoses of their classmates from high school. They're
going on overdoses of their friends. So, it's -- it's a
stressor that I didn't have to deal with when I was young on
the job and it's very sad.

- Q. Chief Rader, from a community impact, have you witnessed and observed what these overdoses have contributed to?
- A. I certainly have. Comforting a mother, or a father, or a brother, or a sister, or a child, you know, we don't have the training for that, but there's a lot of carnage left behind from an overdose.

There's a ripple effect. Your first responders are affected. Your family's affected. Some kids lose a parent to jail, maybe they die, they go into the foster care system. You have grandparents raising children of their children and maybe even a great.

So, it's just -- it's widespread. You know, the school systems, teachers deal with children that are being raised in environments where they are struggling, they're not able to eat regularly, things like that. It just goes on and on and on. A lot of carnage.

- Q. Chief Rader, did the City of Huntington respond in some form to the rising opioid overdoses?

 A. Yes. Yes. Actually, Mayor Williams had A Call to
 - Prayer in -- it was August or September of 2014. And everybody kept saying what else are you going to do? What else are you going to do? And Michael Botticelli had been here and --
 - Q. And can you tell the Court who --
 - A. Yeah. Michael Botticelli was the Director of the National Office of Drug Control Policy. Great, great, great fellow in long-term recovery himself.

And Mayor Williams did the right thing. He formed a team of us to -- you know, no guidance except do what you can. And we started facilitating. We started talking to everybody we possibly could.

You know, I had already started talking to my patients, to family, to, you know, other community leaders. What are you doing? How are you handling this?

But we came together and we -- we decided -- it was myself, Scott Lemley, who was the crime analyst for the Huntington Police Department, and it was Jim Johnson. He was the Director. He had 30 years in law enforcement.

- Q. Is this -- Mayor Williams -- I mean Mayor -- Chief
 Rader --
- **A.** Yes.

- 1 Q. I almost said Mayor, Mayor Rader.
- 2 A. Mayor.
- 3 Q. I presented this picture to the Court in opening. Can
- 4 | you tell the Court, is this the Mayor's Office of Drug
- 5 | Control Policy?
- 6 A. Yes, ma'am, that is. Of course, we had Mayor Williams
- 7 on the left. The short one would be me, okay, and I'm the
- 8 | medical gal. And then, Scott Lemley is to my left. And
- 9 then, Jim Johnson is on the far right in that picture. And
- 10 he has 30 years experience in law enforcement. And so, we
- 11 started going out and talking to people.
- 12 Q. So what, was the goal of the --
- 13 **A.** To heal, heal the people who were suffering from
- 14 addiction. Heal the addiction.
- 15 Q. And why -- specifically, why was it started?
- 16 A. It was started because we were just -- just overwhelmed
- with the number of opioid overdoses and we had to do
- 18 | something. Doing nothing was not on option.
- 19 Q. Excuse me?
- 20 A. Doing nothing was not an option.
- 21 Q. And specific to your role, what was your role within
- 22 the Mayor's Office of Drug Policy and Control?
- 23 A. Well, they leaned on me for the medical knowledge, of
- 24 | course, and so when we would go out and talk to community
- 25 members, I spent a lot of time in the hospitals talking to

1 infectious disease physicians, front line physicians, such 2 as your emergency room, your nurses, the Health Department. 3 We -- I took the team down to Portsmouth to --4 Portsmouth was in their third year of a Harm Reduction 5 Program with syringe exchange and that was eye-opening for 6 my team members that we have to do this. We have a moral 7 obligation to come together and help those that are 8 suffering because they're ordinary people. 9 And what do you mean by the Harm Reduction Program? 10 Harm Reduction is an all encompassing program where you 11 test them for bloodborne pathogens such as hepatitis B., C., 12 HIV. You provide vaccinations for them. You can offer them 13 medical physicals, medical attention for, you know, like 14 small infections from using needles and sharing needles. 15 And then also referring them to treatment. That's a 16 big part of it. Gaining that trust. 17 And then, providing them with clean needles and showing 18 them how to not share and how to keep those around them and 19 themselves safe until they can get the help that they need. 20 And what was so eye opening about it? 21 Well, I think a lot of people had a lot of 22 misconceptions about syringe exchange. You know, if 23 somebody is in the throes of addiction, they're going to use whatever they find, whatever needle they find, whether they 24

pick it up from a mud puddle, whether they steal syringes

from their diabetic family member, or whatever, they're going to get syringes regardless of whether we provide them for them or not.

But the goal of the Harm Reduction Program in giving them clean needles is to have those wrap-around services so that they know that they can trust the health community and they can -- we're there for them to get them the treatment that they need.

And people who are in the throes of addiction, especially with opioids, they're very shameful. Their self-worth is just small. They're just so beat down. They're treated so poorly that it takes awhile to build trust with them and to convince them that their life matters. And that's a big part of harm reduction, a huge part of harm reduction.

- Q. And, Chief Rader, you mentioned other forms of -- for the goals of treatment or prevention. Can you describe to the Court, in addition to harm reduction, what else as your role in the Mayor's Office of Drug Control Policy did the office handle in regards to the community?
- A. You know, we spent a lot of time facilitating. You know, what we found early on -- well, actually, the first thing we did when we came together was we realized we were gathering data. And that data was two years old. And it was not sufficient to deal where what we were seeing.

So, basically, we developed our own way from organizations that had -- that were responding. We developed a way to keep realtime data.

Now, it wasn't embedded by the CDC, but it was data that was good data from local entities, such as the emergency rooms, such as the 911 Center calls coming in, and from Cabell County EMS, their run calls.

And, for instance, you know, if we just looked at Cabell County EMS numbers, we'd miss probably about 20 percent of the overdoses because about 20 percent of them are driven to either a hospital in Huntington and dropped off in a personal vehicle.

So, to capture that, we ask them to call our 911 Center and report that an overdose victim had been dropped off at the emergency room without major data, you know, not to cross any HIPAA lines. So that's the first thing we did. And when we were gathering this data, we realized that it was even worse than we thought.

Then we started going out and talking to community leaders. We talked to nurses. We talked to the faith community. The faith community has been huge. We knew we needed to do good things and we needed their help and support because there is a lot of spiritual needs with somebody who is suffering from Substance Use Disorder.

And we also started a LEAD program, Law Enforcement

Assisted Diversion, through a grant and most everything we did was through grants. Through a grant, we embedded a mental health counselor with our Police Department to give them another option. We developed a PowerPoint presentation. We called it Portal to Recovery. Our goal was to provide many different portals for somebody to get the help they needed.

We found that many people in the community were doing good things. Probably heard of Lily's Place that deals with babies born with Neonatal Abstinence Syndrome.

- Q. So, let me ask you, so did you, as part of your role and the office's role, go out into the community and work with other community leaders and partnerships?
- A. Yes. And we brought them together. A lot of people were doing good things, but they didn't know about each other. So, we brought them together and we talked about how we can expand treatment options for people and how we can build relationships so that we can provide LEAD and we can expand things like drug -- drug court.

We were instrumental in that. We wrote a couple of grants, SAMHSA and a BJA grant to expand the drug court in Huntington and that was a big thing.

- Q. Okay. So, I'm going to take it one by one so we can talk about that.
- A. Okay, sorry.

- Q. I know there's a lot to say, Chief. You mentioned drug court. Can you tell the Court what -- as a member of the Mayor's Office of Drug Policy and Control and your work within the community, what was your involvement with drug court?
- A. We approached Judge Keller, who was over drug court at that time, and we asked her if she would be receptive to us writing grants to expand her drug court so that we could provide a leg specifically for women who were prostituting to support their habits and she said absolutely. So, the grant was run through the City, but, you know, the money went through the City to the Supreme Court to pay for the services.

And then they --

Q. What is drug court?

A. Drug court is a treatment court and it is a court where, instead of going to jail for an extended period of time because of a non-violent drug offense, you can elect drug court, where you're heavily monitored, you have treatment from -- through mental health -- for mental health counseling multiple times a week. You have to do community service. You have to get a job. You have to --

Actually, to me, drug court is wonderful because it rebuild lives and teaches people how to be a regular human being again. And it gives them confidence. And it's great

to see them light up when they realize, okay, I got a driver's license again and I have a job.

And so I was on the treatment team for a couple of years for that, but cost saving --

- Q. Can you explain that, Chief Rader? What does that mean?
- A. Yes. So, there is a treatment team with the drug court and so we meet right before drug court and we discuss their highs and their lows and what they have accomplished and what they have failed on. And they're not kicked out. They're reprimanded.

They might go to jail for a night because they relapsed or did something that they're not supposed to do, but they're also praised on a regular basis. I actually even Narcan'd a couple drug court recipients — or participants that relapsed. So, but beautiful thing about drug court is people do recover and they lead strong, healthy, normal lives again.

- Q. Are there other community partnerships that you have been involved with as your role within the Mayor's Office?
- A. Yes. We facilitated and helped with the Harm Reduction

 Program in -- you know, in Cabell County. That was the

 first of its kind in the state.
- Q. And have you worked with other local treatment facilities and business leaders?

A. Yes. Yes, we did. We brought a lot of community members together through Cabell Huntington Hospital, St. Mary's Hospital, School of Pharmacy, the School of Medicine, and Prestera. All of these places. We brought them together.

You know, we had a problem at both emergency rooms in Huntington. They were clogged with people overdosing and then, as soon as they were revived, they would walk out against medical advice. And so, it's not a place where you have the time to sit and work with them and get them the help they need. And you have to act when somebody asks for help. You cannot wait because the next time you see them, it might be you're putting them in a body bag.

So, we brought a lot of people together and they formed PROACT, which is a freestanding facility where, if you ask for help, you're suffering from Substance Use Disorder and you ask for help, within two hours, you can get the help you need just by going through the front doors and asking for help.

Whether it's medically assisted treatment, whether it's strong outpatient services, whether you need to be sent to a detox unit, and then a residential facility for an extended period of time.

Q. Thank you, Jan Rader. And some of the other community groups, have you -- you mentioned Lily's Place?

A. Yes.

- 2 Q. What has your involvement been with Lily's Place?
- 3 A. You know, I try to help them find funding from time to
- 4 | time, but it's interesting how everything intertwines. A
- 5 lot of babies that are born at Cabell-Huntington with
- 6 Neonatal Abstinence Syndrome either go to the Neonatal
- 7 Therapeutic Unit that was started by Sara Murray and Sean
- 8 Loudin that's in the hospital.
- 9 And Lily's Place was actually built for overflow and
- 10 | now, the mothers can actually spend more time with them
- 11 | there. There's a guard there at all times. They have
- 12 special needs.
- And then, after that, we had -- we knew that there was
- 14 | -- you know, I kind of describe this whole situation we have
- as like a big onion and we peel back a layer. We took care
- 16 of that one. We'll take that layer off. And then, all of a
- 17 | sudden, something else pops up that we didn't think about.
- 18 You know, there's so many things that keep popping up.
- We have mothers that are suffering from Substance Use
- 20 Disorder having babies and, if you don't get them help, they
- 21 | are going to go back to a situation that's not good for them
- or the -- or the child. So, now we have Project Hope, which
- is 18 apartments where mothers getting serious therapeutic
- 24 help for their addiction can keep their children there with
- 25 them throughout that program for six months.

And so, those are the types of things that we have started facilitating by bringing people together, whether it's the School of Medicine, Pharmacy School. You know, Pharmacy School, they still on a regular basis give out naloxone and have the training.

- Q. And you started these processes. Are there still needs within the community to deal with the opioid epidemic?
- A. Absolutely. You know, most everything we've done has been grant money. That's startup money. That's not sustainability. And we need expansion of so many programs. We need that sustainability because this is not going to go away tomorrow. It's going to take some time.

Addiction, Substance Use Disorder, is something that people live through, live with throughout their lives. And they may have times when they relapse. And we saw that during the pandemic.

You know, we can't predict what the future holds and what's going to, you know, make them relapse or cause them to relapse. And the pandemic has done that for so many.

- Q. Chief Rader, you have talked about compassion fatigue and I want to make sure that we have an understanding of what you mean by compassion fatigue and what is entailed in dealing with your firefighters.
- A. Your Honor, you know, I mentioned that somebody had a heart attack in the doorway of the store I worked with and I

felt helpless. This epidemic has made first responders feel helpless. They don't have the tools to help those that they're supposed to save. They're supposed to save their lives. And they don't have the know-how. None of us do, but, we're learning it.

But you go to an overdose and then they overdose again,

and then they overdose again, and then they overdose again, and then we find them dead. And we've watched them deteriorate and we, for the longest time, had no way of referring them to treatment or anything. Now, we have tools for our first responders. But that takes a toll on you.

In our peak in 2017, it was not uncommon for a firefighter in Huntington to see five deaths in a month's period. You know, that's too much. You don't even have time to recover. And they were seeing their friends.

Behavioral issues, anger issues. I get it. I mean, you don't know what to do with yourself. I had a firefighter commit suicide on October 3rd, 2018. I can't say it was because of what he saw, but I can't say it wasn't.

- Q. And, Chief Rader, how is the City working with your members and other first responders in dealing with what they witness?
- A. We took a positive approach. Again, under Mayor Williams' direction, we applied for a Bloomberg Mayors

Challenge Grant and we had eight months to show what we could do with funding and we wanted to help our first responders that are suffering from compassion fatigue.

We were able to secure a million dollars for three years. And that money is almost gone, but we have a program called Compass Navigating Wellness for our firefighters and police officers in Huntington and we -- our hope is that it can be replicated throughout the country.

We're teaching them things like mindfulness, nutrition classes. We're also showing our appreciation for them because, you know, when you see that much death and destruction, you're very angry and you're very bitter and you think that nobody appreciates you.

So, we spend a lot of time showing them that we appreciate them. Not with the grant money. We couldn't use the grant money, but the City fundraised and we have a new wellness center for them. And it's job specific.

But better than that, instead of going to the Y where they're with all kinds of different people, they can go have a yoga class at this wellness center where they're with other people that have experienced the same thing. And that's very important in our -- in our world. So, we don't like outsiders very much.

We also have an embedded mental health coach and we also have an embedded physical fitness coach to help. And

- our goal is to cut down on not only the injuries, but the mental aspect of it because there is a stigma associated with a first responder asking for help, for mental health counseling because --
 - Q. You mentioned the recovery coaches.
- **A.** Yes.

- Q. Can you explain to the Court, what is a recovery coach?
 - A. Okay. So, I might have misspoke. The mental health coach that is embedded is somebody who I can go to or a firefighter can go to and ask for help and nobody else has to know about it, not even the Chief, okay?

Then, we have recovery coaches that have been placed in many different areas of our community. And they are people in long-term recovery. And so, they reach out and help other people. There's one at the Health Department all the time at the Harm Reduction Program. So, you talk to the recovery coach, somebody who has been in their shoes, before you even go talk to a nurse about getting tested for hepatitis B., hepatitis C. Our recovery coaches are in the emergency rooms now of our hospitals and they're utilized with inpatient care, as well.

- Q. And the Court heard earlier about the QRT. Have you been involved with the QRT?
- A. Yes. I helped write the grant for that. I was on the ground with that and, you know, Connie and her team are just

amazing. You know, one thing that we've found is that when you overdose, when we wake you up from an overdose, that is not the time that you're going to accept help because we've probably thrown you into withdrawals. And also, you're ashamed. You're embarrassed. And it's not a teachable moment, is what I like to call it. It's a very negative event for everybody there.

But those suffering that have been revived, if you get to them within two or three days, within 72 hours is how our Quick Response Team is built, and you reach out to them and you show them that you care for them and you don't want them to die, and you want them to get the help that they need, and you show them different options, it's a life-changing event for them and it's working. It's working.

- Q. Chief Rader, when you mentioned the window of time to get them to treatment, what type of treatment have you been involved in with people within the City of Huntington of getting them and what various type of treatment options are there or needs?
- A. So, there is Prestera Mental Health and they have different programs. They have 30-day inpatient. They have longer programs. One of the most successful in our area is Recovery Point of Huntington. It's a peer based recovery for men and they have a women's version here in Charleston.

And people who are in recovery themselves hold you

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1
                     They know where people have been and what
       accountable.
2
       they're experiencing. So, it is a very successful program,
 3
       as well.
 4
            And then, PROACT is very helpful, as well, but --
 5
            And it is a continuum of care that you've been involved
       Ο.
       in --
 6
 7
           Right.
       Α.
 8
           -- within the community?
 9
            Yes. But, again, they're at capacity. It needs to be
10
       expanded. It needs to be expanded.
11
           Chief Rader, when you and your firefighters and other
12
       first responders are going out on overdoses, is it
13
       throughout the community?
14
            Yes. It's -- yes. It's everywhere. I've been to
15
       restaurants. I've been to -- I've been to restaurants where
16
       you're working on the workers or a -- or clientele. I've
17
       been to doctors' offices. I've been to dentists' offices.
18
       I've been to the park. I've been in abandoned houses.
19
       There's really no place I haven't seen an overdose.
20
            Is it fair to say it's been pervasive throughout the
21
       community?
22
           Yes, ma'am, it has.
       Α.
23
           Chief Rader, just briefly, I want to just make sure I
24
       understand when you first started seeing what you witnessed
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in regards to overdoses, what time period was the initial

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1
       and when you started seeing more overdoses?
2
            You know, they started rising -- overdoses started
 3
       rising around mid-2000s and they really started taking off
 4
       2011, 2012, and just kind of --
 5
            And when you were in the 2000s, were you a firefighter
 6
       and an ER nurse at that time?
 7
            I started -- yes. 2008, I became an ER nurse, so it
 8
       was right around there.
 9
            So, in 2008 then until that time, what were you
10
       witnessing and observing in regards to overdoses?
11
       Α.
            They -- there were pill bottles around, oxycodone,
12
       hydrocodone, things like that.
13
            And the ER, did you also witness those type of things?
14
            Yes. And, you know, everybody that came in and that we
15
       revived, we did a basic tox screen in the emergency room.
16
       So, as their caretaker, I would read that tox screen as it
17
       would pop up and it was -- you know, it might be heroin,
18
       but, you know, there was almost always hydrocodone,
19
       oxycodone in there, as well. A lot of opiates. Opiates,
20
       opiates, opiates.
21
           Chief Rader, does the --
22
                 MR. NICHOLAS: Your Honor, I'm just going to --
23
                 MS. KEARSE: Does the opioid --
24
                 MR. NICHOLAS: Can I please -- hold on.
25
                 MS. KEARSE:
                              I'm sorry.
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MR. NICHOLAS: I'm sorry. I'm only going to
object to the tox screen information that was recited just
now as hearsay. The witness just basically said she read
some reports and then she characterized what was in them and
I'm just going to object to the hearsay.
          THE COURT: All right. I'm going to sustain the
objection unless you can --
          BY MS. KEARSE:
     Chief Rader, in your -- as the ER nurse and your
involvement within the ER Department with overdose patients,
were you, yourself, involved in reviewing as part of your
work tox screens?
     That was part of my work. If that was my patient, I
was responsible for looking at that tox screen.
    And are these also known as the drug panels?
    Yes, basic opiate drug panel.
    And from your observations and your involvement as the
ER nurse with overdoses, did you observe various drug panels
that dealt with hydrocodone?
     Yes, I did.
Α.
          MR. NICHOLAS: I'll object. Same objection.
          THE COURT: Yeah. I'll sustain the objection, Ms.
Kearse.
          BY MS. KEARSE:
     Chief Rader, in your work as a first responder, your
Q.
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1
       work as an ER nurse, and your work as the Chief of the Fire
2
       Department, you've witnessed people in the throes of
 3
       addiction, as you've testified?
 4
            Yes, I have.
 5
            And it is your understanding they're in opioid
 6
       addiction?
 7
           The majority that I see are in opioid addiction.
 8
           And does the opioid abuse and addiction continue to
 9
       impact the City of Huntington and Cabell County?
10
       Α.
           Yes, it does.
11
                 MS. KEARSE: I believe I introduced the standing
12
       order already, but if I haven't --
13
                 MR. FARRELL: You did.
14
                 MS. KEARSE: Yeah. I believe I did.
15
            Chief Rader, I appreciate you coming here today and
16
       answer any questions counsel may have.
17
                 THE WITNESS: Thank you.
18
                 THE COURT: Mr. Nicholas?
19
                 MR. NICHOLAS: Well, it's 10:20. We have five
20
       minutes to switch over, so if it's okay.
21
                 THE COURT: Excellent. So, let's be in recess
22
       until 10:30.
23
                 MR. NICHOLAS: Thank you, Your Honor.
24
                 THE COURT: You can step down during the break,
25
       Chief Rader.
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                 THE WITNESS: Thank you, sir.
2
       (Recess taken)
 3
                 MR. NICHOLAS: Chief Rader, I do not have any
 4
       questions for you. Thank you very much.
 5
                 THE WITNESS: Thank you.
 6
                 MR. SCHMIDT: Chief Rader, thanks for being here
 7
       today.
 8
            No questions, Your Honor.
 9
                 THE COURT: All right. Mr. Ruby.
                 MR. RUBY: Chief Rader, I'll also thank you for
10
11
       being here. We have no questions for you.
12
                 THE WITNESS: Thank you.
13
                 THE COURT: May she be excused?
14
                 MS. KEARSE: May we redirect, Your Honor?
15
                 THE COURT: No.
16
            Chief, thank you very much. You've been very helpful
17
       to us and we appreciate the work you're doing and we
18
       appreciate you being here with us today and you're excused.
19
                 THE WITNESS: Thank you, sir.
20
            (Witness stood aside)
21
                 THE COURT: Mr. Farrell.
22
                 MR. FARRELL: Yes. Thank you, Your Honor.
23
            At this point in time, the plaintiffs would submit and
24
       ask for the admission of the testimony of Nate Hartle,
25
       30(b)(6) designee for McKesson, as well as the exhibits
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1 thereto. 2 MR. STANNER: Good morning, Your Honor. Andrew 3 Stanner on behalf of McKesson. 4 The designations and exhibits are being submitted with 5 objections included. I think we're still working out the 6 logistics. But ideally when the Court get the thumb drive 7 of these exhibits, you'll see our objections there. 8 So we would just note for the record that we're not 9 consenting to the admission at this time. We'll defer to 10 chambers. THE COURT: I understand that and I know that the 11 12 objections will be in the record as submitted to me and I'll 13 have to deal with them. 14 MR. STANNER: Yes, sir, as to both the testimony 15 and the exhibits. 16 MR. FARRELL: Secondly, Judge, the plaintiffs 17 proffer the deposition testimony from the DEA's 30(b)(6) 18 designee, Thomas Prevoznik, P-r-e-v-o-s-n-i-k [sic]. And my 19 understanding is that the video cuts are done. There's 20 objections by both sides. But the exhibits, which are 21 voluminous, are not ready yet. The parties are still 22 debating and discussing it. 23 So the plan would be to submit the video and transcript 24 and objections to you today, and then on Monday see how far 25 we get with the documents so that it lessens the load on

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1 making objections to the actual documents themselves. 2 MR. MAHADY: Your Honor, we agree with Mr. Farrell 3 about where things stand and the process going forward. 4 The only thing I'll note for Mr. Prevoznik is that 5 there was a motion filed about one specific issue. And I 6 believe the plaintiffs are responding to that. 7 THE COURT: Have you responded to that? MR. ACKERMAN: Your Honor, David Ackerman. 8 9 have not responded yet. I would need to check with my 10 colleague, Mr. Majestro, as to whether it will be going in 11 today or tomorrow, but it will be going in soon. 12 MR. MAHADY: And, Your Honor, there's actually one 13 other briefing issue that's indicated by Mr. Prevoznik and 14 that would be the Energy and Commerce briefing. 15 One of the exhibits that the plaintiffs have identified 16 for submission to the Court is the Energy and Commerce 17 It's the subject of that motion. The plaintiffs 18 have filed their opposition and the defendants intend to 19 file a reply in very short order. 20 THE COURT: Okay, all right. I'll deal with it 21 when we get the material. 22 MR. FARRELL: So not to pry, but are you expecting 23 to watch the video and depositions this weekend? 24 impacts our staffing delivery of the thumb drive to you. Or 25 do we have the weekend to finish whatever needs to be

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1
       finished?
 2
                 THE COURT: I don't plan to look at them this week
 3
       end.
                 MR. FARRELL: Perfect. So we'd move for their
 4
 5
       admission. We'll make sure that it's as good as we can get
 6
       it and we'll get you something on Monday.
 7
            Finally, I wanted to give you a preview for week two.
 8
            Week two, next week starts with Dr. McCann and the
 9
       ARCOS data. It's going to be followed by four live
10
       witnesses from AmerisourceBergen.
11
            We also have two other witnesses that we are hoping to
12
       get in either at the end of the day or in between witnesses.
13
       The first is going to be a little bit longer, so we're
14
       hoping that we can get them done Thursday. And it's Scott
15
       Lemley who served as the crime analyst for the Huntington
16
       Office of Drug Control Policy.
17
            The other is a records custodian for a pharmacy in
18
       Cabell County called Drug Emporium. We've subpoenaed the
19
       dispensing data from this pharmacy and received it. It's
20
       been disclosed.
21
            And we are going to call a records custodian simply to
22
       lay the foundation for admission of the dispensing data from
23
       that pharmacy.
24
            And then, finally, we're hoping to conclude like we did
25
       this morning by calling Dr. Joe Werthammer,
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       W-e-r-t-h-a-m-m-e-r. He is a neonatologist in Huntington,
2
       West Virginia.
 3
            And then following Dr. Werthammer, we intend to submit
 4
       for your weekend review the video testimony from the had
 5
       trade organization which includes a deposition of Patrick
 6
       Kelly and John Greg.
 7
                 THE COURT: Well, after this weekend I do expect
       to be dealing with things when we're not in court. I'm just
 8
 9
       not going to do it this weekend.
10
                 MR. FARRELL: Yes. Well, so we can submit the had
11
       testimony whenever you want us to.
12
                 THE COURT: I'd go ahead and submit it. Submit
13
       what you want to submit.
14
                 MR. FARRELL: Okay. So --
15
                 THE COURT: I'll get to it when I can.
16
                 MR. FARRELL: We have to go through the process,
17
       but we'll go ahead and trigger the process for the had
18
       videos as well.
19
                 THE COURT: Okay.
20
                 MR. FARRELL: And that's all I have.
21
       for the week, Judge.
22
                 THE COURT: Okay. It's a quarter till 11:00.
23
            Mr. Schmidt.
24
                 MR. SCHMIDT: The only point we have, and maybe we
25
       can try to work it out, Werthammer was not disclosed, as I
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1 understand it, under our agreement for next week. But maybe 2 we can work it out. 3 In terms of the deposition designations, we would just 4 flag again that we, we are grappling with a volume of 5 deposition designations that really exceed the time 6 available for the Court, including given the presence of 7 live company witnesses and deposition designations and much 8 more ancillary areas like the trade association. 9 We do renew our position that they should be counted 10 against their time. The record shouldn't just be clogged 11 with endless deposition designations that we end up putting 12 a lot of work into that, that don't get sponsored properly. 13 THE COURT: Well, how are we going to deal with 14 how much time you're going to be charged for this, Mr. 15 Farrell? 16 MR. FARRELL: So the four depositions that we've

MR. FARRELL: So the four depositions that we've identified so far are not clogging our case. They're essential elements.

We're aware that your patience with evidence, especially cumulative evidence, is not going to be tolerated. It's a bench trial.

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Now, that being said, you've asked us to conclude our case by mid June. And, so, it's a balancing act for us of how long cross takes.

So it's our intention to finish by mid June. But as I

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understand it, the four live witnesses from
AmerisourceBergen followed by the live witnesses of McKesson
and Cardinal, it's my understanding that the defendants
would like to put on their case while their out-of-state
witnesses are here in West Virginia.
     And we, we are consenting to that. We're not going to
object on the scope of direct and make them come back four
weeks later.
     But if you count the hours, if somebody's keeping a
watch on this, our case-in-chief may be done in late June,
but I fully anticipate you to hold us to a reasonable amount
of time. And if we start dumping on the Court a bunch of
cumulative evidence, I'm confident the defendants will
object and I'm confident your ruling will sustain.
          THE COURT: Okay. Well, we'll -- anything we can
put off, we'll put off. And I think we can put this off.
         MS. HARDIN: That works, Your Honor.
          THE COURT: I assume we're done for the week.
                                                         Is
that right?
         MR. SCHMIDT: Yes, Your Honor.
          THE COURT: All right. I'll see everybody fresh
and rested at 9:00 Monday morning. I appreciate the
smoothness with which the trial has gone so far.
         MR. SCHMIDT: Thank you, Your Honor.
          THE COURT: Enough said about that. Enjoy the
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Ayme A. Cochran, RMR, CRR (304) 347-3128

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1
       weekend everybody.
2
            (Trial recessed at 10:47 a.m.)
 3
            CERTIFICATION:
                      I, Ayme A. Cochran, Official Court Reporter,
 4
5
       and I, Lisa A. Cook, Official Court Reporter, certify that
 6
       the foregoing is a correct transcript from the record of
7
       proceedings in the matter of The City of Huntington, et al.,
8
       Plaintiffs vs. AmerisourceBergen Drug Corporation, et al.,
9
       Defendants, Civil Action No. 3:17-cv-01362 and Civil Action
10
       No. 3:17-cv-01665, as reported on May 7, 2021.
11
12
                 S\Ayme A. Cochran
                                                s\Lisa A. Cook
13
                     Reporter
                                                  Reporter
14
15
16
                 May 7, 2021
17
                    Date
18
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